

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 24 AM 10:13

1. Name of Limited Partnership

1a. DOCUMENT #
A13913



BOCA PLACE ASSOCIATES, LTD.

Mailing Address
**6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487**

Principal Office Address
**6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487**

3. Date Formed or Registered
01/25/1983

5a. Capital Contribution as
Shown on record
\$626,347.00

3a. Date of Last Report
12/15/1995

5b. Amount of Capital
Contribution in FLORIDA
to date
\$532,893.00

4. State or Country of Formation
FL

6. FL Number
59-2264491

Applied For
 Not Applicable

7. Corporate or Status Desired
 \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for information)

2. Mailing Address

2a. Principal Office Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**FISH, DEBORAH L
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

10a. Pursuant to the provisions of sections 601, 1051 and 1091, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent for the above named partnership of section 620.122, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration
Document Number

CROW BOCA PLACE ASSOC.

6400 CONGRESS AVE.

BOCA RATON FL

A13780

MUBEN REALTY COMPANY

520 BROAD ST

NEWARK NJ

829611

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I reserve the Division of Corporations the responsibility of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this form is true, correct, and accurate, and that my signature shall have the same legal effect and shall be made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 609, Florida Statutes.

SIGNATURE

Crow Boca Place Associates, Ltd., By: Deborah L. Fish, Asst. Sec.

DATE

9/16/96

Typed or Printed Name of General Partner Signing Form

Deborah L. Fish, Asst. Sec.

Daytime Telephone Number

407/997-9700